

JANICE K. BREWER
Governor



DONALD BUTLER
Director

Arizona Department of Agriculture

Office of Pest Management

1688 W. Adams Street, Phoenix, Arizona 85007
(602) 255-3664 FAX (602) 542-0466
www.azda.gov

Change of Address Notice

(only select one of the following)

☐ **Applicator Licensee**

(Full Legal Name required below)

☐ **Business Licensee**

(Business Name as Registered with the OPM required below)

☐ **Qualifying Party Licensee**

(Full Legal Name required below)

☐ **Branch Office Location**

(Business Name as Registered with the OPM required below)

Please Print Legibly

Name of Licensee whose address will be changed: _____
(Business, Qualifying Party or Applicator)

License #: _____

Former Mailing Address: _____ Suite/ Apt. #: _____

City: _____ State: _____ ZIP: _____

Former Physical Address: _____ Suite/ Apt. #: _____

City: _____ State: _____ ZIP: _____

Former Chemical Storage Address: _____ Suite/ Apt. #: _____

City: _____ State: _____ ZIP: _____

New Address: (please complete all applicable)

New Mailing Address: _____ Suite/ Apt. #: _____

City: _____ State: _____ ZIP: _____

New Physical Address: _____ Suite/ Apt. #: _____

City: _____ State: _____ ZIP: _____

New Chemical Storage Address: _____ Suite/ Apt. #: _____

City: _____ State: _____ ZIP: _____

Most Current Telephone: _____ Fax: _____

Only the Applicator and/or Qualifying Party Licensee may change their own address of record. Only the Sole Proprietor, Managing Partner/ Member, or Corporate Officer of a Business Licensee may change the address of record for the Business License.

By signing this application, I affirm that I have read and understand the information contained herein and attest that all information provided is true and correct.

*Authorizing Signature: _____ Date: _____

*(Applicator License, Qualifying Party, Business Licensee - Sole Proprietor, Managing Partner, or Corporate Officer only)